Application or Docket Number

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PATENT APPLICATION FEE DETERMINATION RECORD

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ective October 1, 2003 P246* f	ective October 1, 2003	P24617
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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	YTITM	OB	- •	THAN ENTITY
TOTAL CLAIMS		36:			-	l	RATE	FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUME	ER EXTRA		BASIC FE	 	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			35 minus 20= *		• 15			X\$ 9=		OR	X\$18=	270
INDEPENDENT CLAIMS			minus 3 =		0			X43=	·	OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	1040
CLAIMS AS AMENDED - PART II										_	OTHER THAN	
(Column 1) (Column 2) (Column 3)							SMALL		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	•	Minus	**		=		·X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Colum	າກ 2)	(Column 3)	^	00 22				-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	•		=		X\$ 9=		OR	X\$18=	
AME	Ind pendent	+	Minus	***	C: 449.4	-		X43=		OR	X86=	
	- INST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
							A[TOTAL DDIT. FEE		OR ,	TOTAL VDDIT, FEE	
•	•	(Column 1)		(Colum	n 2)	(Column 3)		•	•••			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	•	Minus	***		=	1	X43=			X86=	
<u>`</u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		ŀ			OR		
* If the intry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the intry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL OR TOTAL									·			
!	"If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR											